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PTO/SB/21 (04-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/729,832
	Filing Date	December 5, 2003
	First Named Inventor	William W. Alston et al.
	Art Unit	3761
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	0136.00

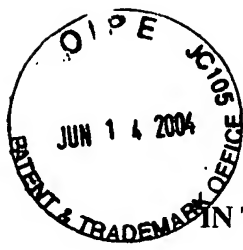
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Guy V. Tucker; NEXSTAR THERAPEUTICS
Signature	
Date	06/10/04

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: William W. Alston et al. ) Atty. Docket No.: 0136.00  
)  
) Examiner: Unassigned  
)  
Application No.: 10/729,832 ) Group Art Unit: 3761  
)  
Filed: 12/05/2003 )  
)  
Title: RECEPTACLE FOR AN )  
AEROSOLIZABLE )  
PHARMACEUTICAL FORMULATION )

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Signed: Minna Cotter

**INFORMATION DISCLOSURE STATEMENT**  
**UNDER 37 CFR §1.56, §1.97 and §1.98**

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

The references listed in the attached Form PTO/SB/08A and B may be material to examination of the above-identified patent application. Applicants submit these references in compliance with their duty of disclosure pursuant to 37 CFR §§1.56, 1.97, and 1.98. The Examiner is requested to make these citations of official record in this application.

This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that these references indeed constitute prior art.

Copies of the references are enclosed, as required under 37 CFR §§1.98.

This Information Disclosure Statement is being timely filed under 37 CFR §§1.97 and is being filed:

Attorney Docket No. 0136.00

☒ within three months of the filing date of a national application; within three months of the date of entry of the national stage as set forth in section 1.491 in an international application; or before the mailing date of a first Office action on the merits (whichever event occurs last);

☐ Please charge the amount of \$\_\_\_ to Deposit Account 500348

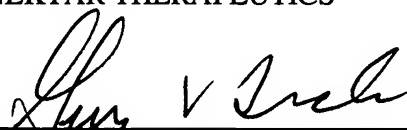
☒ If it is determined that any additional fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 50-0348.

Respectfully submitted,

NEKTAR THERAPEUTICS

Dated: 09 JUN 04

By:



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